

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

PETER POE, ET AL.,

Plaintiff,

vs.

Case No.: 23-cv-177-JFH-SH

GENTNER DRUMMOND, ET AL.,

Defendant.

DISCLOSURE STATEMENT

"PARTY" DEFINED: Within this form, the terms "party" and "parties" refer to any party, intervenor, or proposed intervenor to this action.

Pursuant to Fed. R. Civ. P. 7.1 and LCvR7.1-1:

Defendant 54, OU Medicine, Inc. d/b/a OU Health

[enter name of party on the line above]

who is a (check one) PLAINTIFF DEFENDANT OTHER: _____

in this action, makes the following disclosures:

INSTRUCTIONS:

1. Determine which part(s) of the form apply:
 - Part I is applicable only in diversity cases and must be completed by all parties.
 - Part II is applicable in all cases and must be completed by all nongovernmental parties that are not natural persons.
2. Check the applicable box or boxes, and fully provide any required information.
3. Attach separate pages as necessary to fully provide required information.

PART I

This party is an individual who is a citizen of the state of _____.

This party is a corporation incorporated in Oklahoma and with a principal place of business in Oklahoma County.

This party is an unincorporated association or another artificial entity, including a limited liability company or limited liability partnership.

If yes, identify the nature of the entity, the members of the entity and the member's state of citizenship. If any member is other than an individual person, the required information identifying ownership interests and citizenship for each sub-member must be provided as well.

This party is a trust.

If yes, identify each trustee and each trustee's state of citizenship. If any trustee is other than an individual person, the required information identifying ownership of the non-individual trustee and state of citizenship of each sub-trustee must be provided as well.

PART II

- This party is not publicly held and has no parents/subsidiaries, or any other ownership/relationships described below.
- This party is publicly held.
- This party has one or more parent entities.

If yes, identify all parent entities, including grandparent and great-grandparent entities.

- This party has one or more subsidiaries.

OU Health Partners, Inc.
OUMI Clinics, LLC
Edmond Podiatry Associates, LLC
Family Medicine Associates of Edmond, LLC
Edmond Physician Services, LLC
OK Transplant Physicians, LLC
HCAP Venture, LLC
OUMI Ventures, LLC

- Ten percent or more of the stock of this party is owned by a publicly held corporation or other publicly held entity.

If yes, identify all such owners.

- Another association, firm, partnership, corporation, or other artificial entity related to the party—not already identified through other answers—has a direct financial interest in the outcome of the litigation.

If yes, identify all associations, firms, partnerships, corporations or other artificial entities and the nature of their interest.

- This party is a trade association.

If yes, identify all members of the association, their parent entities, and any publicly held companies that own ten percent or more of a member's stock.

- This party is a trust.

If yes, identify each trustee, their parent entities, and any publicly held companies that own ten percent or more of a trustee's stock.

Any additional pertinent information should also be provided on attached page(s).

DATED this 16th day of June, 2023.

Signature: /s/ J. Craig Buchan

Printed Name: J. Craig Buchan

Bar Number: 19420

Firm Name: McAfee & Taft

Address: Two West Second Street, Suite 1100

City, State, Zip Code: Tulsa, OK 74103

Phone/Fax: (918) 587-0000

Email Address: craig.buchan@mcafeetaft.com

CERTIFICATE OF SERVICE

I hereby certify that on June 16, 2023, I electronically transmitted the foregoing document to the Clerk of Court using the ECF System for filing and transmittal of a Notice of Electronic Filing to the following ECF registrants (names only are sufficient):

All counsel of record

I hereby certify that on _____ (Date), I served the same document by

<input type="checkbox"/> U.S. Postal Service	<input type="checkbox"/> In Person Delivery
<input type="checkbox"/> Courier Service	<input type="checkbox"/> E-Mail

on the following, who are not registered participants of the ECF system:

Name(s) and Address(es):

/s/ J. .Craig Buchan
Signature